DR. BRAD PERKINS' PLENARY REMARKS.

Good morning. Thank you for being here. This is a great day, and it takes me back a couple of years ago when in March two years ago Julie (Gerberding) had 30 people put together from around the agency. They were asked to consider the input we had received from partners early in the Futures Initiative, to consider the strategic imperatives we had, and to look at options for organizational redesign.

This effort was dubbed March Madness, and these 30 people were sequestered away from their normal jobs in a room together for some extraordinary sessions. And actually, there was a quite candid exchange about how all of this should be interpreted. We had a little pool about whether Steve Solomon or the organizational design consultants that were supporting us would be the first to bail out on this very contentious group. But, actually, in the last week, it came together in an extraordinary way, and we began to close in on some key what-if questions: What if CDC had an organizational component that was devoted to focusing on how we could work with our partners better and more effectively? What if CDC had an organizational component that focused on establishing organizational-level goals that could unlock the potential and the collaboration that we have seen in some of the emergency response efforts?

For all of you who have participated in the emergency

response efforts since anthrax, there is a magic that's created in this organization when we bring down the organizational walls and can draw broadly on the expertise to do something that's focused.

Could we establish a set of organizational goals that unlocked that same kind of potential? Could we imagine a time where we had this organizational component that was focused on partners and this organizational component that was focused on setting goals. And could we call all of our most important partners together to think about how we can work together to accomplish greater health protection and greater health impact?

Today, that what-if has become a reality, and I thank all of you for your participation in this part of what is an extraordinary journey.

It will surprise none of you who know that I'm a medical epidemiologist that I'm going to start my presentation and focus it on the two whys, a where, a what, a how, and a when. And so let's get started with my most frequently asked question: Why goals and why now?

Among my closer friends, this is usually followed with some career counseling (laughter) that I could do something that would be much easier and much more fun than this. But I don't think I could be doing anything that's more important than this. And the answer is really -- I don't think it should be a surprise to anybody -- that we are facing extraordinary changes and all of them are well recognized.

Some of these are opportunities. Some of these are clear and present threats to our ability to conduct our mission. And all of this is in the face of persistent and worsening health disparities, persistent and worsening lack of access to health care, as well as all of the urgent threats and urgent realities that Julie mentioned.

When you're faced with that kind of challenge, you really have two choices. One is to hope that whatever you've been doing in the past is going to keep you competitive going forward. The other choice is you can choose to adapt. And really, the Futures Initiative was about that adaptation.

So why goals? I think, simply, our goals are intended to help CDC and its partners adapt to the change, to be successful, and to also mitigate risk. We believe that with these goals we can unlock a tremendous amount of health impact acceleration. We can also carefully control some risk.

When Dr. Gerberding is in front of the Appropriations Committee, as she was a couple of weeks ago, she talks about the fact that when you invest in public health, we can make a difference. We need to put a system in place that characterizes that difference with the things that we're doing. But we also must characterize the acceleration in health impact we can have with greater investment.

So where did these goals come from? Well, these goals have their foundation in the partner input that we got at the very beginning of the Futures process. We used that input to inform

a variety of working groups around CDC that worked very hard on establishing this framework. During the establishment of this framework, we also worked with a working group of the Advisory Committee to the Director that was chaired by Brenda Lappin, who is with us today.

Let me give you a brief overview. The Futures Initiative started in 2003, and there were really three major deliverables -- the six strategic imperatives, the organizational changes that Julie talked about, and the health protection goals.

Since that time, we've done two rounds of pilot efforts to look at how we can work toward these goals within CDC and with our partners. The first round was in the fall of 2004, when we focused on adolescents, adults, and preparedness. And the second set of pilot efforts were the Trailblazers. In spring of 2005, we focused on adolescents, obesity, influenza, and preparedness.

We learned a tremendous amount from these efforts. On the positive side, I think we demonstrated, with proof of principle, that we could begin to unlock some of the synergy that we saw in emergency response in non-emergency response situations. Julie mentioned adolescents. And one of the consistent, exciting things that we found with this was that, across all of these pilots, people loved and found great value in working more broadly across the agency. In the Adolescent Trail Blazer, we had 18 different divisions or functional units actively involved in thinking about how we could accelerate our health impact with

adolescents.

This is actually an urgent personal priority for me because during this time my oldest daughter has turned 13 years of age. And I'm actually finding a great need for an integrated, risky behavior program. And so you'll notice that I've kept adolescents as a theme through a number of our pilots.

On the downside or on the more developmental side from these efforts, we also learned that we have some work to do around processes and systems within and outside of CDC to support our efforts on these health protection goals. We've made significant progress, but we've still got a lot of work to do in that area.

In August of last year, we announced -- internally and to our partners -- an agency vision for goals implementation. So what are the goals? What we believe we have constructed with this framework is a very large tent, and we think that most all of our interest can fit underneath this tent. And many of the folks we've worked with have considered these goals to be motherhood and apple pie. In fact, as you look at them, it will be very difficult to conceive of anybody that would have a problem with setting any of these goals.

The challenge is actually not with the framework. We're proud of the framework, and we think it can be very powerful. But the challenge for CDC and its partners actually is setting the objectives, the strategies, and the actions underneath these goals; establishing performance measures; and prioritizing them

for the most accelerated achievement of the health protection goals.

So with that as introduction, Julie has already covered the top-line organizational construct. I want to give you a glimpse at the strategic level down below that. For healthy people, we've got five life stages: infants and toddlers right through older adults and seniors. We set age cutoffs for each of these life stages, and we didn't have any problems with any of the age cutoffs except the age cutoff for older adults because we set that, actually, at 50 years of age. And some of the influential leaders at CDC (laughter) were just approaching and actually crossing that line as we were doing this. So in order to reach a compromise, we've added older adults and seniors to clearly distinguish 50-year-olds from people that are really old (laughter).

In the healthy people and healthy places realm, we've identified seven places that we think are going to provide enormous benefit to health protection. We've had the most positive reaction to this part of the framework. As we go out and talk to people within and outside of our traditional public health sectors, this has immediate resonance to the way that people live their lives and think about the things that they could do to improve their health and the health of their families.

People prepared for emerging health threats -- this is a different kettle of fish because what results in health impact

in the context of urgent response is slightly different than the other areas. So these goals are set up around a classic construct for urgent response. They measure both the time and the quality of the response because rapid and high-quality responses -- responses to urgent healthy events -- are actually what provides health impact.

And finally, in the realm of global health, we have health promotion, health protection, and health diplomacy. There's one challenge that I want to mention in the realm of preparedness because we didn't really feel that it was worthwhile to work on these goals the same way we were working on the other goals. So the way that we're working on the preparedness goals is by scenario. And we think that this is going to balance an all-hazards approach that we have in place with some scenario-specific preparedness activities. And we're starting with influenza, anthrax, plague, emerging infections, toxic chemical exposure, and radiation exposure.

The reason that you see a difference between the 24 health protection goals and the 21 goal team leaders and goal action plans is because we're working on those preparedness goals slightly differently. So those 21 zones -- strategic zones or goals, if you will -- are the focus for the development of the goal action plans.

Let me briefly mention taxonomy. We're thinking about a cascade that involves the goal, an objective, a strategy, and an action, with development of performance measures at three of

those levels around goals, objectives, and actions. And as an example that foreshadows the panel that you're about to hear, we've got a healthy homes goal here -- to protect and promote health through safe and healthy home environments. It has an objective, a strategy, and an action about conducting the national campaign to educate older adults about preventing fractures from falls due to home health hazards. That contributes to the achievement of that higher level goal.

The goal action plans. These are some of the key components that we envision being in these plans. The assessment and modeling component -- and it's actually very fortunate, and I'll thank Georges Benjamin for this month's issue of the *American Journal of Public Health* that focuses on systems thinking. And we want to bring this into the goals action plans, and that assessment and modeling is an opportunity to do that.

We want to identify key collaborative opportunities, existing ones and potentially new ones that can be powerful. Julie mentioned identifying gaps. We want to translate the research agenda that has been developed or the research guide that has been developed as a collaboration with our partners under the leadership of Dixie Snider here at CDC. We want to translate that into a research agenda within the context of the goals actions plans.

Finally, we want to define the objectives, strategies, and actions with performance measures and to prioritize our actions,

our investments, so that they accelerate health impact.

So how can I be involved? How can I, in my organization, be involved in goals? This is a simplified three-step process that we envision occurring over the next couple of years and repeating over time. Right now, through June 2006, the goal team leaders and their teams are engaged in an inventory and discovery process. Starting in June of this year, they will begin the formalized goal-to-action planning step.

One of the ways I think about these two steps is we want to get a good handle on what we're doing now and we want to use the goals action planning process to get a good handle on what we could be doing in the future. And we want to start to bring those worlds together in the context of the goals action plans. So in the goals action planning step, we will be prioritizing work by contribution to goals, and we will be planning for and defining shared performance measures that accelerate health protection.

Finally, starting in April 2007, we would anticipate that funding becomes increasingly based on prioritization and performance, and that we use our performance-measurement system to improve performance over time based on monitoring.

Now, there are opportunities for partner engagement in all of these steps. One of the key questions --and probably the key question for this audience in our breakout sessions -- is how we think about each of these steps and how we think about particular partner engagement that is most constructive in each

of these time frames.

So again, I thank you for your attention today. Thank you for being here and being part of this important journey. Thank you.